Image# 12951527222 PAGE 1 / 28

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FURIVI 3A | For Other Than An Aut | horized Committee | | Office Use Only |
|---|---|-------------------------|-------------------------|---------------------------------------|
| 1. NAME OF | TYPE OR PRINT ▼ | Example: If typing | type | |
| COMMITTEE (in full) | | over the lines. | , type 12FE41 | VI5 |
| AMERICAN COLLEG | E OF NURSE-MIDWI | VES MIDWIVES | -PAC | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 8403 Colesvile Road | | | |
| Check if different | Suite 1550 | | | |
| than previously reported. (ACC) | Silver Spring | | MD | 20910 |
| 2. FEC IDENTIFICATION N | UMBER ▼ CIT | Y A | STATE ▲ | ZIP CODE ▲ |
| C C00358812 | | S THIS X NE | | AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Feb | 20 (M2) Ma | ay 20 (M5) | ug 20 (M8) Nov 20 (M11) (Non-Election |
| | Due On: | 20 (M3) Ju | n 20 (M6) | ep 20 (M9) Pec 20 (M12) (Non-Election |
| (a) Quarterly Reports: | × Apr | 20 (M4) Ju | I 20 (M7) | Year Only) Oct 20 (M10) Jan 31 (YE) |
| April 15 Quarterly Report (| Q1) . | | | |
| July 15 Quarterly Report (| (C) 12-Day | Primary (12P) | Gene | ral (12G) Runoff (12R) |
| October 15 | Report for the: | Convention (12 | 2C) Speci | al (12S) |
| Quarterly Report (| Q3) | M M / | D D / Y Y Y | in the |
| Year-End Report (| YE) Electio | n on | | State of |
| July 31 Mid-Year Report (Non-electi Year Only) (MY) | on (d) 30-Day POST-Election Report for the: | General (30G) | Runo | f (30R) Special (30S) |
| Termination Repor (TER) | | M = M / | D D / Y Y Y | in the |
| (1211) | Electio | n on | | State of |
| | 3 01 2012 | through | 03 / 31 | 2012 |
| I certify that I have examined t | his Report and to the hest of | my knowledge and be | lief it is true correct | and complete |
| Type or Print Name of Treasure | | Thy knowledge and be | mor it is true, correct | and complete. |
| Signature of Treasurer ^{Mer} | redith Graham | [Electronically 1 | Filed] Date 04 | 1 14 2012 |
| | | <u> </u> | | |
| NOTE: Submission of false, error | neous, or incomplete information | n may subject the perso | n signing this Report t | o the penalties of 2 U.S.C. §437g. |
| Office | | | | FEC FORM 3X |
| Use Only | | | | Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

| _ | AMERICAN COLLEGE OF NURSE | -MIDWIVES MIDWIVES-PAC | |
|-----|---|-------------------------------------|-----------------------------------|
| R | eport Covering the Period: From: 03 | 01 2012 | To: 03 / 31 / 2012 |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2012 | | 56707.96 |
| | (b) Cash on Hand at Beginning of Reporting Period | 57249.06 | |
| | (c) Total Receipts (from Line 19) | 1140.00 | 3405.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 58389.06 | 60112.96 |
| 7. | Total Disbursements (from Line 31) | 2559.95 | 4283.85 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 55829.11 | 55829.11 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| | This committee has qualified as a multican | didate committee. (see FEC FORM 1M) | |

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

| Re | port Covering the Period: From: 03 | 3 01 2012 To: | 03 31 2012 | | | | |
|-----|--|-------------------------------|-----------------------------------|--|--|--|--|
| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
| | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees | | | | | | |
| | (i) Itemized (use Schedule A) | 1140.00 | 3405.00 | | | | |
| | (ii) Unitemized(iii) TOTAL (add | 0.00 | 0.00 | | | | |
| | Lines 11(a)(i) and (ii)▶ | 1140.00 | 3405.00 | | | | |
| | (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 | | | | |
| | (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 | | | | |
| | 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ | 1140.00 | 3405.00 | | | | |
| | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | | | | |
| 13. | All Loans Received | 0.00 | 0.00 | | | | |
| | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 | | | | |
| | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 | | | | |
| | Refunds of Contributions Made to Federal Candidates and Other | | | | | | |
| | Political Committees Other Federal Receipts | 0.00 | 0.00 | | | | |
| 18. | (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account | 0.00 | 0.00 | | | | |
| , | (from Schedule H3) | 0.00 | 0.00 | | | | |
| | (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | | | |
| | (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | | |
| | | | | | | | |
| | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 1140.00 | 3405.00 | | | | |
| | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 1140.00 | 3405.00 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Operating Expenditures: (a) Allocated Federal/Non-Federal | | Outonada Tour to Date |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 |
| (,) | | |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 59.95 | 283.85 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 59.95 | 283.85 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to Federal Candidates/Committees and Other Political Committees | 2500.00 | 4000.00 |
| Independent Expenditures | | |
| (use Schedule E)Coordinated Party Expenditures | 0.00 | 0.00 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans MadeRefunds of Contributions To: | 0.00 | 0.00 |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| Other Disbursements | 0.00 | 0.00 |
| | | |
| Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0.00 | 0.00 |
| | | |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 2559.95 | 4283.85 |
| Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 2559.95 | 4283.85 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 1140.00 | 3405.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1140.00 | 3405.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 59.95 | 283.85 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 59.95 | 283.85 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 6 | OF | 28 | |
|------------------|---|-----|--|-----|------|-----|----|----|----|
| (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | 12 | 2 | |
| | | 13 | | 14 | | 15 | 16 | 6 | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| | the name and address of any political committee to | |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | IURSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Lindsay Bahn Mailing Address, 138 N State St. | | Date of Receipt |
| Mailing Address 138 N State St. | | 03 12 2012 |
| City | State Zip Code | Transaction ID: SA11AI.5443 |
| Berlin | WI 54923-1622 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| Marquette University | SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15.00 | |
| Full Name (Last, First, Middle Initial) 3. Ginger Breedlove Mailing Address 13608 West 54th Street | • | Date of Receipt |
| | | 03 12 2012 |
| City | State Zip Code | Transaction ID : SA11AI.5461 |
| Shawnee Mission | KS 66216-5110 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Shenandoah University | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) . Helen Varney Burst | · | Date of Receipt |
| Mailing Address 124 Cape Circle | | 03 25 2012 |
| City Addison | State Zip Code ME 04606 | Transaction ID : SA11AI.5462 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer | Occupation | |
| Yale University | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 200.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 265.00 |
| TOTAL This Period (last page this line num | ber only) | |

1mage# 12951527228 PAGE 7 / 28

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5443

I

Form/Schedule: SA11AI Transaction ID: SA11AI.5461

1mage# 12951527229 PAGE 8 / 28

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5462

١

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| FOF | FOR LINE NUMBER: | | | | | | 9 | OF | 28 |
|------|------------------|--|----|--|----|--|----|----|----|
| (che | | | | | | | | | |
| X | X 11a 11b | | | | | | 12 | 2 | |
| | 13 | | 14 | | 15 | | 16 | 6 | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than usir | ng the name and address of any political committee to | o solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF | NURSE-MIDWIVES MIDWIVES-PAC | · · · · · · · · · · · · · · · · · · · |
| Full Name (Last, First, Middle Initial) Mei-Ka Chin Mailing Address 1139 Xian Xia Lu Chang | ning | Date of Receipt |
| | illing | 03 12 2012 |
| City | State Zip Code ZZ 20033 | Transaction ID : SA11AI.5454 |
| Shanghai | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Shanghai United Family Hospital | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) 3. Holly A Drake | | Date of Receipt |
| Mailing Address 9114 Island Dr. | | 03 12 2012 |
| City | State Zip Code | Transaction ID: SA11AI.5448 |
| Clay | MI 48001-4409 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 15.00 |
| Name of Employer | Occupation | |
| N/A | SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15.00 | |
| Full Name (Last, First, Middle Initial) C. Dawn Durain | • | Date of Receipt |
| Mailing Address 192 Hopewell Penningto | on Rd. | 03 12 2012 |
| City Hopewell | State Zip Code NJ 08525-2129 | Transaction ID : SA11AI.5447 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer | Occupation | |
| University of Penn. School of Nursing | CNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 150.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 215.00 |
| TOTAL This Davied (last news this line and | mbor only) | |
| TOTAL THIS Period (last page this line hul | mber only) | |

1mage# 12951527231 PAGE 10 / 28

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5454

I

Form/Schedule: SA11AI Transaction ID: SA11AI.5448

1mage# 12951527232 PAGE 11 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5447

I

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | | PAGE | 12 | OF | 28 |
|------------------|---|-----|--|-----|--|------|--------|----|----|
| (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | ; | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Dawn Durain | | Date of Receipt |
| Mailing Address 192 Hopewell Pennington R | | 03 12 2012 |
| City Hopewell | State Zip Code NJ 08525-2129 | Transaction ID : SA11AI.5459 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer University of Penn. School of Nursing | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |
| Full Name (Last, First, Middle Initial) Barbara Hosei Mailing Address 2822 Rouark Cir. | | Date of Receipt |
| City Indianapolis | State Zip Code IN 46229-1423 | 03 12 2012 Transaction ID : SA11AI.5450 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer Indian Health Services | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) Lorrie Kline Kaplan | | Date of Receipt |
| Mailing Address 8403 Colesville Rd. Ste. 1550 | | 03 12 2012 _ |
| City Silver Spring | State Zip Code MD 20910-6374 | Transaction ID : SA11AI.5449 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer ACNM Receipt For: | Occupation CAE, Staff Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 50.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 150.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 12951527234 PAGE 13 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5459

1

Form/Schedule: SA11AI Transaction ID: SA11AI.5450

1mage# 12951527235 PAGE 14 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5449

ı

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 15 | OF | 28 | | |
|------------------|---|-----------|----|--|------|--------|-----|----|---|----|
| (check only one) | | | | | | | | | | |
| | [| X 11a 11b | | | | | 11c | 12 | | |
| | | | 13 | | 14 | | 15 | 16 | , | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using the | e name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) | RSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Holly Powell Kennedy | | Date of Receipt |
| Mailing Address 34 Quarry Dock Rd | | 03 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.5452 |
| Branford | CT 06405-4655 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Yale University | Professor of midwives | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 100.00 | |
| Full Name (Last, First, Middle Initial) Katherine L Knauber-Ferriegel | | Date of Receipt |
| Mailing Address 1533 Dennison Rd. SW | 7.0 | 03 12 2012 |
| City Albuquerque | State Zip Code NM 87105-2815 | Transaction ID: SA11AI.5446 |
| Albuquerque | 07.100 20.10 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| N/A | SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15.00 | |
| Full Name (Last, First, Middle Initial) Phoebe L Lehr | | Date of Receipt |
| Mailing Address 21 Cascade Walk | | 03 12 2012 |
| City San Francisco | State Zip Code CA 94116-1339 | Transaction ID : SA11AI.5445 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| UCSF | SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 15.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 130.00 |
| TOTAL This Period (last page this line number | <u></u> | |

1mage# 12951527237 PAGE 16 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5452

I

Form/Schedule: SA11AI Transaction ID: SA11AI.5446

1mage# 12951527238 PAGE 17 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5445

ı

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| | | | _ | MBER | : | PAGE | 18 | OF | 28 |
|----|----|---------|----|------|---|------|--------|----|----|
| (c | he | ck only | or | ne) | | | | | |
| | X | 11a | | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | , | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address 10 Harbor Oak Drive Apt 11 | | 03 12 2012 |
| City Tiburon | State Zip Code CA 94920 | Transaction ID : SA11AI.5460 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer UCSF | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) Phyllis Lynn Mailing Address 953 Cramer Court | | Date of Receipt |
| City North Baldwin | State Zip Code NY 11510-1216 | 03 12 2012 Transaction ID : SA11AI.5456 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer Maimonides Medical Center | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) Linda Nanni | | Date of Receipt |
| Mailing Address 18 Imperial PI | | 03 12 2012 |
| City Providence | State Zip Code RI 02903-4641 | Transaction ID : SA11AI.5451 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer Women 's Care Receipt For: | Occupation CNM | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| SUBTOTAL of Receipts This Page (optional). | • | 150.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 12951527240 PAGE 19 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5460

I

Form/Schedule: SA11AI Transaction ID: SA11AI.5456

1mage# 12951527241 PAGE 20 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5451

١

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| _ | R LINE | _ | | PAGE | 2 | 21 | OF | 28 |
|-----|-------------|------|----|------|---|----|----|----|
| (ch | eck only | one) |) | | | | | |
| > | 1 1a | 1 | 1b | 11c | | 12 | | |
| | 13 | 1- | 4 | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|---|---|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Anne M Richter | | Date of Receipt |
| Mailing Address 1422 Arrowhead Cir. W. | | 03 12 2012 |
| City | State Zip Code | Transaction ID : SA11AI.5458 |
| Clearwater | FL 33759-2556 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| MPH | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 50.00 | |
| Full Name (Last, First, Middle Initial) 3. Kate Reese Schwob | | Date of Receipt |
| Mailing Address PO Box 192 | | 03 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.5455 |
| Galesville | MD 20765-0192 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Prince Georges Hospital Center | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) Tanya S Tanner | | Date of Receipt |
| Mailing Address 11164 Cherokee St | | 03 12 _ 2012 _ |
| City | State Zip Code | Transaction ID : SA11AI.5453 |
| Nothglenn | CO 80234-3918 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Frontier Nursing University | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 50.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 150.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 12951527243 PAGE 22 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5458

I

Form/Schedule: SA11AI Transaction ID: SA11AI.5455

1mage# 12951527244 PAGE 23 / 28

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5453

ı

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LIN | IE NU | IMBER | : | PAGE | 2 | 24 | OF | 28 |
|--------------|--------|--------------|---|------|---|----|----|----|
| (check o | nly or | ne) | | | | | | |
| X 11a | | 11b | | 11c | | 12 | | |
| 13 | | 14 | | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than usin | g the name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF I | NURSE-MIDWIVES MIDWIVES-PAC | , |
| Full Name (Last, First, Middle Initial) Evelina Tuers Mailing Address 343 Willow Avenue | | Date of Receipt |
| City Scotch Plains | State Zip Code NJ 07076-1127 | 03 12 2012 Transaction ID : SA11AI.5442 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer N/A Receipt For: | Occupation SNM Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 15.00 | |
| Full Name (Last, First, Middle Initial) Cheri Van Hoover Mailing Address P.O. Box 1658 | | Date of Receipt |
| City Port Hadlock | State Zip Code WA 98339-1658 | 03 12 2012 Transaction ID : SA11AI.5457 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer Philadelphia University Receipt For: | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) Jennifer M Wilen Mailing Address 175 9 1 1 2 2 | | Date of Receipt |
| Mailing Address 176 Seeley St Apt 4C City Brooklyn | State Zip Code NY 11218-1247 | 03 12 2012 Transaction ID : SA11AI.5444 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer N/A | Occupation SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15.00 | |
| SUBTOTAL of Receipts This Page (options | al) | 80.00 |
| TOTAL This Period (last page this line nur | nber only) | 1140.00 |

1mage# 12951527246 PAGE 25 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5442

I

Form/Schedule: SA11AI Transaction ID: SA11AI.5457

1mage# 12951527247 PAGE 26 / 28

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5444

ı

S 17

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NI IMRER: | PAGE 27 OF 28 |
|---|--|-----------------------------------|---|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only | - | |
| | for each category of the Detailed Summary Page | 21b 27 | 22 23 28a 28b | 24 25 26 28c 29 30b |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | nents may not be sold or used e and address of any politica | d by any person I committee to | on for the purpose solicit contribution | of soliciting contributions s from such committee. |
| NAME OF COMMITTEE (In Full) | | | | |
| AMERICAN COLLEGE OF NURSE | -MIDWIVES MIDWI | VES-PAC | | |
| Full Name (Last, First, Middle Initial) | | | 5 | |
| A. Paypal INC | | | Date of Disburs | ement |
| Mailing Address 4100 Solutions Center #774100 | | | 03 | 13 2012 |
| | State Zip Code IL 60677 | | Transaction II | D : SB21B.5463 |
| Chicago Purpose of Disbursement | IL 60677 | | | |
| r dipose of bisbursement | | | Amount of Each | Disbursement this Period |
| Candidate Name | I | Category/ | | |
| | | Type | | 59.95 |
| Office Sought: House Disbursen | nent For: | | | |
| | Primary General | | | |
| President State: District: | Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. | | | Date of Disburs | ement |
| | | | | D / Y Y Y Y |
| Mailing Address | | | | |
| City | tate Zip Code | | | |
| Purpose of Disbursement | | | Amount of Each | n Disbursement this Period |
| Candidate Name | , | Category/ Type | | |
| Office Sought: House Disbursen | nent For: Primary General | | , | · |
| | Other (specify) | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) C. | | | Date of Disburs | ement |
| | | | M M / D | D / Y Y Y Y Y |
| Mailing Address | | | | |
| City | state Zip Code | | | |
| Purpose of Disbursement | | | | |
| Candidate Name | I | Category/ Type | Amount of Each | Disbursement this Period |
| Office Sought: House Disbursen | nent For: | | | 7 |
| | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: District: | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | ······ | | 59.95 |
| TOTAL This Period (last page this line number only) | | | 1 40 | 59.95 |

| Use separate schedule(s) for each category of the Detailed Summary Page 21b 22 28a 28b 24 25 27 28a 28b 28c 29 28c 29 28c 29 28c 2 | SCHEDULE B (FEC Form 3X) | | | FOR LINE N | NUMBER: | | PAGE | 28 OF 2 |
|--|---|-------------|-----------------|-----------------|---------|-------------|--------------|-------------|
| Amount of Each Disbursement this Period Category Transaction ID: SB23.5480 Amount of Each Disbursement Campaign Contribution Candidate Name Office Sought: State: CA Disbursement Candidate Name Office Sought: State: CA Disbursement Candidate Name Office Sought: State: CA Disbursement Candidate Name Disbursement Candidate Name Office Sought: State: CA Disbursement Candidate Name Disbursement Candidate Name Office Sought: State: CA Disbursement Candidate Name Category Transaction ID: SB23.5480 Amount of Each Disbursement Category Transaction ID: SB23.5480 Amount of Each Disbursement this Period Category Transaction ID: SB23.5480 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category Transaction ID: SB23.5480 Amount of Each Disbursement this Period Category Transaction ID: SB23.5480 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category Type Office Sought: Disbursement Disbursement Candidate Name Disbursement Candidate Name Category Type Disbursement Disbu | ITEMIZED DISBURSEMENTS | for each ca | tegory of the | (check only 21b | one) | X 23 | | |
| AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC Full Name (Last, First, Middle Initial) A KLOBUCHAR FOR MINNESOTA Mailing Address PO BOX 4146 City State Zip Code ST PAUL MN 55104 Purpose of Disbursement Campaign Contribution Candidate Name Category/ Type City State: MN District 00 Disbursement For: 2012 State: MN District 00 City State Zip Code State State State Disbursement (The Specify) Type City State Sip Code Disbursement Category/ Type Disbursement This Period Candidate Name Category/ Type 1500.00 Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Transaction ID: SB23.5480 Amount of Each Disbursement this Period Category/ Type Transaction ID: SB23.5480 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID: SB23.5480 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Date of Disbursement this Per | | | | | | | | |
| Amount of Each Disbursement Like Countribution Candidate Name City State: No Disbursement Candidate Name Category/ Type No Disbursement Candidate Name Category/ Type Disbursement No Disbursement Candidate Name Category/ Type Disbursement No Disbursement Disburs | , | -MIDWI\ | /ES MIDW | IVES-PAC | | | | |
| Admilling Address PO BOX 4146 City ST PAUL City State Zip Code MNN 55104 Purpose of Disbursement Campaign Contribution Candidate Name Category' Type House | Full Name (Last, First, Middle Initial) A. KLOBUCHAR FOR MINNESOTA | | | | | | | |
| ST PAUL Purpose of Disbursement Campaign Contribution Candidate Name Disbursement For: 2012 Primary Category/ Type Disbursement For: 2012 Primary Cher (specify) ▼ Date of Disbursement Category/ Type Date of Disbursement Date of Disbursement this Period Date of Disbursement Date of Disbursement this Period Date of Disbursement Date of Disbursement this Period Date of Disbursement this | Mailing Address PO BOX 4146 | | | | | | | |
| Campaign Contribution Candidate Name Category/Type 1000.00 | ST PAUL | | | | Trans | action ID : | SB23.5475 | |
| Office Sought: House | Campaign Contribution | | | | Amount | of Each D | Disbursement | this Period |
| Senate President Other (specify) State: MN District: 00 Full Name (Last, First, Middle Initial) LUCILLE ROYBAL-ALLARD FOR CONGRESS Mailing Address 6 E STREET, SE City State Zip Code DC 20003 Purpose of Disbursement Campaign Contribution Candidate Name Category/ Type City Senate President Other (specify) Senate President Other (specify) State: CA District: 34 Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category/ Type Office Sought: State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Category/ Other (specify) Office Sought: House Category/ Type Office Sought: House Category/ Other (specify) Office Sought: House Category/ Type Office Sought: House Category/ Other (specify) Office Sought: House Category/ Type Office Sought House Category/ Type Office | | | | | | | | 1000.00 |
| Full Name (Last, First, Middle Initial) But City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Candidate Name City State: City Senate President State: City State City State City Senate President State: City State City State City Senate President State: City State City | Senate President | Primary | Meneral Control | | | | | |
| WASHINGTON Purpose of Disbursement Campaign Contribution Candidate Name Category/ Tiype Office Sought: Senate President State: CA District: 34 Full Name (Last, First, Middle Initial) Candidate Name Category/ Tiype Date of Disbursement Category/ Tiype Date of Disbursement Category/ Tiype Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Category/ Tiype Amount of Each Disbursement Amount of Each Disbursement Category/ Tiype Office Sought: Senate President Category/ Tiype Office Sought: Senate President Other (specify) ▼ State: Disbursement For: Senate President Other (specify) ▼ Substitut: Substitut: Substitut: Substitut: Substitut: Substitut: Disbursements This Page (optional) | Full Name (Last, First, Middle Initial) 3. LUCILLE ROYBAL-ALLARD FOR (| CONGRE | ESS | | M = M | / D D | / Y = Y | |
| Campaign Contribution Candidate Name Category/ Type Office Sought: | WASHINGTON | | • | | Trans | action ID : | SB23.5480 | |
| Office Sought: House Senate President State: CA District: 34 Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type State: District: 2012 Primary General Other (specify) Type Substract Other (specify) Type Substract Other (specify) Type Substract Other (specify) Type Substract Other (specify) Type | Campaign Contribution | | | | Amount | of Each D | Disbursement | this Period |
| State: CA District: 34 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substrate Disbursements This Page (optional) | | | | | | | | 1500.00 |
| Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: District: Date of Disbursement Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Substruct: 2500.00 | Senate President | Primary | X General | | | | | |
| City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional) | Full Name (Last, First, Middle Initial) | | | | | | | |
| Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Subtotal of Disbursements This Page (optional) | Mailing Address | | | | W - W | | | |
| Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Subtotal of Disbursements This Page (optional) | City | state 2 | Zip Code | | | | | |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Subtrotal of Disbursements This Page (optional) | · | | | Category | Amount | of Each D | isbursement | this Period |
| SUBTOTAL of Disbursements This Page (optional) | Senate President | Primary | | | | 7 | 7 | |
| SUBTOTAL OF DISDUISEMENTS THIS Page (Optional) | | | | | | | | 2500.00 |
| | SUBTOTAL of Disbursements This Page (optional) | | | <u> </u> | - | 7 | - | |